
State:	District of Columbia	Filing Company:	Delta Dental Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	DC, DIC, AARP 2020 Landing Page		
Project Name/Number:	DC, DIC, AARP 2020 Landing Page/		

Filing at a Glance

Company:	Delta Dental Insurance Company
Product Name:	DC, DIC, AARP 2020 Landing Page
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	11/14/2019
SERFF Tr Num:	DDPA-132153969
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC, DIC, AARP 2020 LANDING PAGE
Implementation	On Approval
Date Requested:	
Author(s):	Sharon Ford, Courtney Rozear
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
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General Information

Project Name: DC, DIC, AARP 2020 Landing Page Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 11/14/2019
State Status Changed: Deemer Date:
Created By: Sharon Ford Submitted By: Sharon Ford
Corresponding Filing Tracking Number:

Filing Description:

Dentegra Insurance Company is submitting the below listed new advertisement form for the Department's review and approval on behalf of the AARP Dental Insurance Plan (Plan), a large group association voluntary plan for AARP members. This national website allows visitors to request more information about AARP dental plans.

Form Number (Form Name) – Media Outlet

290-US-WEB-LND 09/19 ---Website Landing Page

Attached under the Supporting Documentation tab for your information is the Variable Exhibit of the submitted form. Text in [brackets] is variable. All numerical data is considered variable unless required by state law. Bracketed wording will either be used or omitted. The comments explain what is variable and the various options that could be used. Any change or modification to a variable item outside of the language approved by your Department will be submitted for prior approval.

Our effective date of use of this advertisement will be the date this filing is approved by your Department.

Thank you for your assistance with this filing. If you have any questions, please contact me at 770-641-5370 or sford@dentegra.com.

Company and Contact

Filing Contact Information

Sharon Ford, Senior Regulatory Analyst sford@delta.org
1130 Sanctuary Parkway, Ste. 600 770-641-5370 [Phone]
Alpharetta, GA 30009 770-641-5193 [FAX]

Filing Company Information

Delta Dental Insurance Company	CoCode: 81396	State of Domicile: Delaware
1130 Sanctuary Parkway	Group Code: 2479	Company Type: LAH
Suite 600	Group Name:	State ID Number:
Alpharetta, GA 30009	FEIN Number: 94-2761537	
(770) 641-5217 ext. [Phone]		

Filing Fees

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
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Product Name: DC, DIC, AARP 2020 Landing Page
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Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

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Filing Company:

Delta Dental Insurance Company

Form Schedule

Lead Form Number: 290-US-WEB-LND 09/19

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		AARP 2020 Landing Page	290-US-WEB-LND 09/19	ADV	Initial			290-US-WEB-LND 09_19 (Clean).pdf

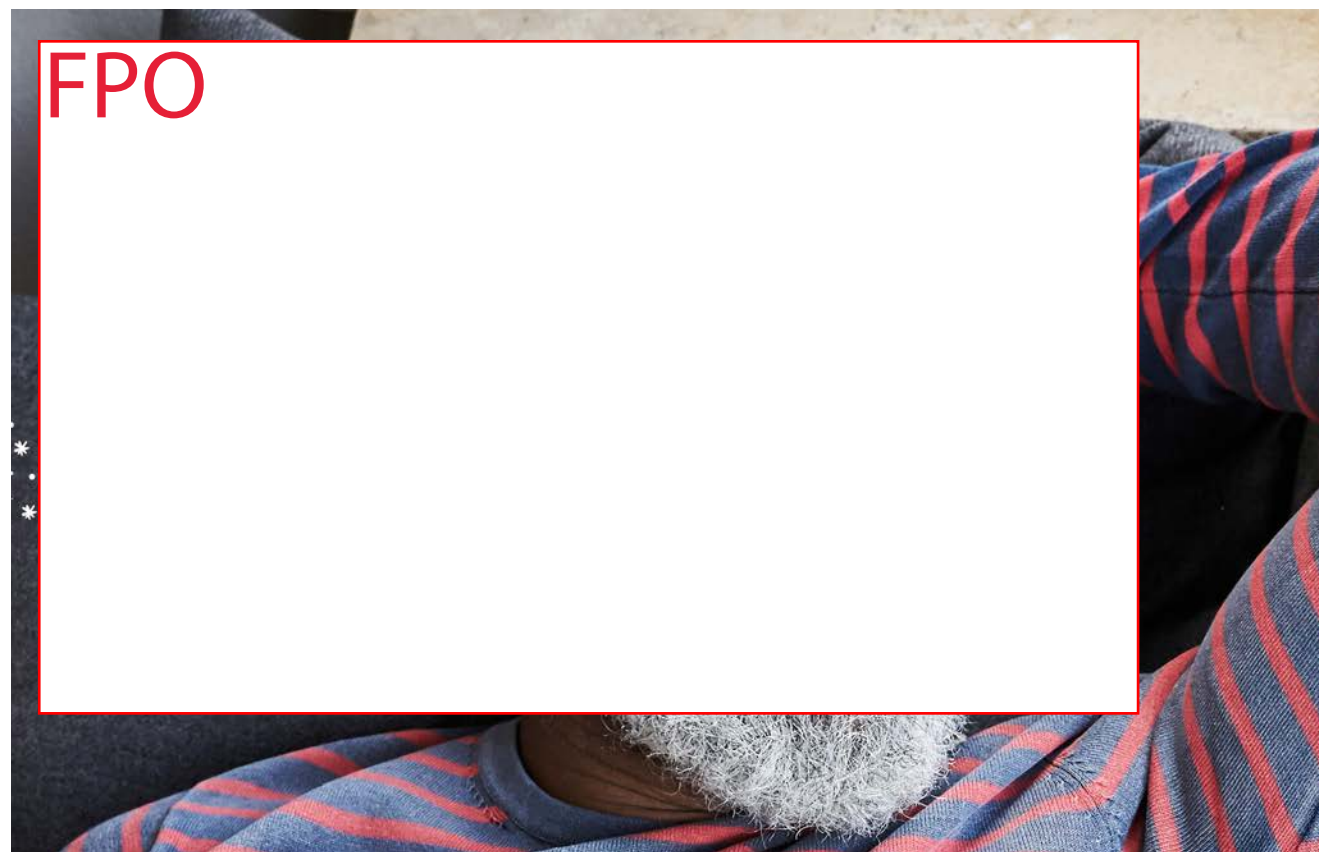
Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Does your retirement plan include your teeth?

GET A QUOTE

FPO

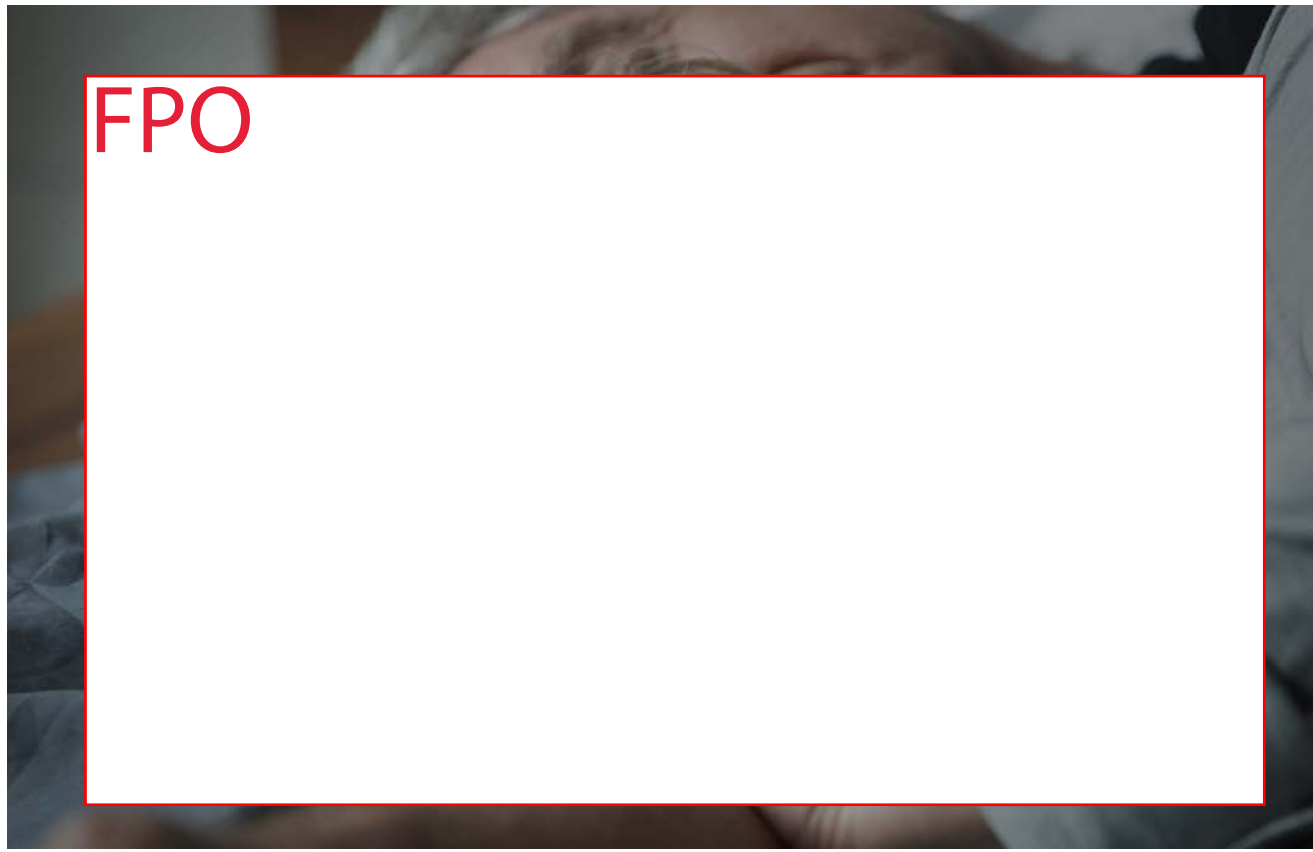


Get protection for your smile

It's the cold, hard tooth: 1 in 5 people over 65 has untreated tooth decay.* The good news? Cavities and gum disease are nearly 100% preventable. Taking care of your oral health and visiting a dentist regularly can help you avoid serious and expensive health problems.

...and peace of mind for you.

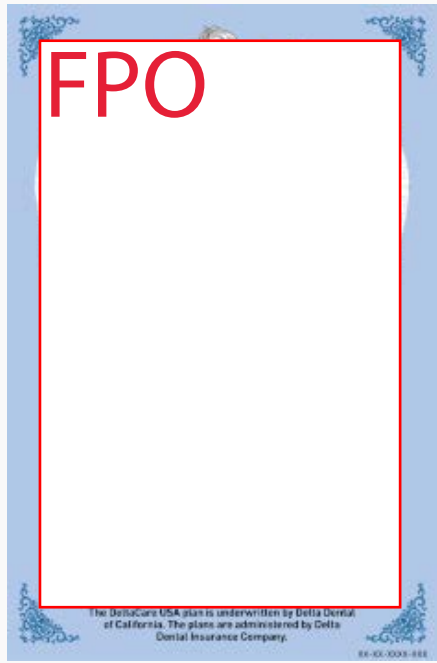
The AARP® Dental Insurance Plan, administered by Delta Dental, offers wide-ranging coverage, quality dentists, and affordable rates for AARP members and their families. With three cleanings and exams per Calendar Year and no waiting for preventive services, it's a great way to protect your smile and plan for unexpected costs.



Make your teeth a part of your plan for retirement today.

Whether you're looking to save money, get coverage for your family, or find a dentist you can trust, there's an AARP Dental Insurance Plan for you.

GET A QUOTE



Get your free guide

We'll send you a free info guide with all the information you'll need to choose a plan and take control of your oral health. Each of our plans offers a combination of benefits so you can:

- Protect your smile and your health
- Manage your dental expenses
- Enjoy peace of mind knowing you're covered

Request your free info guide today.

REQUEST A GUIDE



Questions about our dental plans? Call Delta Dental toll-free at 1-866-290-3123 (TTY: 1-800-735-2929), and we'll be happy to help you.

* "Oral Health for Older Americans," Centers for Disease Control and Prevention, 2018.

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The Delta Dental PPO™ plan is insured by **Delta Dental Insurance Company** (Contract 1230) in AK, AL, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, PR, TN, TX, UT, VI and WV, by **Dentegra Insurance Company** (Contract 1230) in AR, AZ, CA, CO, CT, HI, IA, ID, IL, IN, KS, KY, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, OH, OK, OR, RI, SC, SD, VA, VT, WA, WI and WY, and by **Dentegra Insurance Company of New England** (Contract 1230) in MA. The plan is administered by Delta Dental Insurance Company. **For Texas residents your Master Policy Form number is TX-AMD-MC-DPO-DDC(DELTUSA1-2005).**

The DeltaCare® USA Plan (Contract 76777) is underwritten by **Alpha Dental of Arizona, Inc.** in AZ, by **Alpha Dental Programs, Inc.** in MD and TX, by **Delta Dental Insurance Company** in FL and TN, by **Delta Dental of California** in CA, by **Delta Dental of New York, Inc.** in NY, by **Delta Dental of Pennsylvania** in PA, and by **Dentegra Insurance Company** in CO. The plans are administered by Delta Dental Insurance Company. **In Florida, Delta Dental Insurance Company provides DeltaCare USA™ Plan benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.**

These companies are financially responsible for their own products. Delta Dental is a registered mark of Delta Dental Plans Association.

AARP endorses the AARP Dental Insurance Plan, administered by Delta Dental Insurance Company. Delta Dental Insurance Company pays royalty fees to AARP for use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

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Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for 290-US-WEB-LND 09_19.pdf Variable_290-US-WEB-LND 09_19_.pdf Variable_290-US-WEB-LND 0_19 (Guide).pdf
Item Status:	
Status Date:	

STATEMENT OF VARIABILITY

AARP Website Landing Page

The below apply to form 290-US-WEB-LND 09/19

A. Phone numbers, addresses, website addresses, mailing permit indicias, email addresses, hours of operations, and effective dates can change based on business needs or regulatory requirements.

B. The website user's AARP membership, address, contact information and date preferences will be visible as entered or determined by the website visitor.

Does your retirement plan include your teeth?

GET A QUOTE

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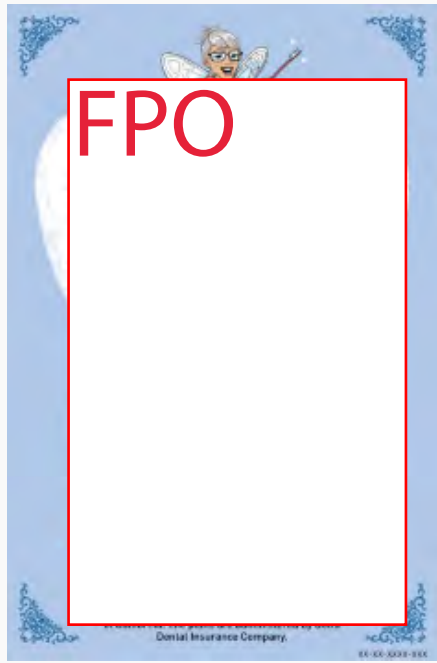
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REQUEST A GUIDE

All fields required unless otherwise noted as optional.

AARP member number (optional)

First name

Last name

Street address

Street address 2 (optional)

City

State

Start typing to select your state

ZIP code

+4 (optional)

Telephone (optional)

Email address (optional)

☐ I would like to receive emails from Delta Dental

By checking this box, I authorize Delta Dental Insurance Company, AARP®, AARP Services Inc. (ASI), and AARP's other service providers to inform me of future offerings, benefits, and services by email.

How did you hear about Delta Dental? (optional)

Please select

SUBMIT

Drop-down copy:

Mail Advertisement
Email Advertisement
Magazine Advertisement
Online (Web/Search/Ad)
Referral (Dentist, Employer, Friend)
Other/Unknown

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